

RESOLUTION NO. 66,107–N.S.

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEARS 2012 AND 2013 ANNUAL UPDATE

WHEREAS, Mental Health Services Act (MHSA) funds are allocated to mental health jurisdictions across the state for the purposes of transforming the mental health system into one that is consumer and family driven, culturally competent, wellness and recovery oriented, includes community collaboration, and implements integrated services; and

WHEREAS, MHSA includes five funding components: Community Services & Supports; Prevention & Early Intervention; Innovations; Workforce, Education & Training; and Capital Facilities and Technological Needs; and

WHEREAS, the City's Department of Health, Housing & Community Services, Mental Health Division, receives MHSA Community Services & Supports, Prevention & Early Intervention, and Innovations funds on an annual basis, and received one-time distributions of Workforce, Education & Training and Capital Facilities and Technological Needs funds; and

WHEREAS, in order to utilize funding for programs and services, the Mental Health Division must have an approved Plan or Plan Update for each MHSA component; and

WHEREAS, in the past MHSA Plans or Plan Updates were approved by the state Department of Mental Health and in some cases, in collaboration with the Mental Health Oversight and Accountability Commission MHSOAC; and

WHEREAS, City Council has previously approved MHSA funding for local housing development projects and for contracts with community-based agencies to implement: mental health services and supports; housing and vocational services, and translation services; and

WHEREAS, in order to fund MHSA programs, and add new services, the MHSA FY12 and FY13 Annual Update must be approved by City Council.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the MHSA Fiscal Years 2012 and 2013 Annual Update for mental health services and supports through June 30, 2014, incorporated herein as Exhibit A, is hereby approved.

BE IT FURTHER RESOLVED that the City Manager is authorized to forward the MHSA Fiscal Years 2012 and 2013 Annual Update to appropriate state officials.

* * * * *

The foregoing Resolution was adopted by the Berkeley City Council on May 7, 2013 by the following vote:

Ayes: Anderson, Arreguin, Capitelli, Maio, Moore, Wengraf, Worthington, Wozniak and Bates.

Noes: None.

Absent: None.

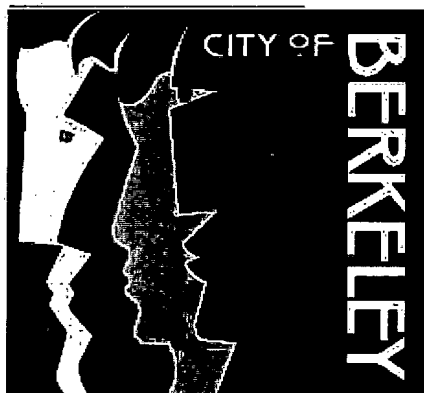


Tom Bates, Mayor

Attest: 

Mark Numainville, CMC, City Clerk

City of Berkeley Mental Health Mental Health Services Act (MHSA)



**FY12-13
Annual Update
February 27, 2013**

County: City of Berkeley

County Mental Health Director Name: Kelly Wallace (Interim) Telephone Number: (510) 981-5107 E-mail: KWallace@ci.berkeley.ca.us	Project Lead Name: Karen Klatt Telephone Number: (510) 981-7644 E-mail: KKlatt@ci.berkeley.ca.us
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said County (City) and that the County (City) has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the State Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur. The information provided for each work plan is true and correct. All documents in the attached FY 2012/13 annual update/update are true and correct.

Kelly Wallace

Mental Health Director/Designee

Kelly Wallace

Signature

2-25-13

Date

MENTAL HEALTH SERVICES ACT BACKGROUND AND OVERVIEW

The Mental Health Services Act (MHSA) is Proposition 63 that was enacted by voters on November 2, 2004. This act places a 1% tax on every dollar of personal income over \$1 million. MHSA revenues are allocated to mental health jurisdictions across the state for the purpose of transforming the mental health system into one that is consumer and family driven, culturally competent, wellness and recovery oriented, includes community collaboration, and implements integrated services. MHSA includes the following five funding components:

- Community Services & Supports: Primarily for treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children.
- Prevention & Early Intervention: For strategies to prevent mental illnesses from becoming severe and disabling.
- Workforce, Education & Training: Primarily for strategies to identify and remedy mental health occupational shortages, promote cultural competency, and promote the employment of mental health consumers and family members.
- Capital Facilities and Technological Needs: For capital projects on owned buildings and on mental health technology projects.
- Innovations: For short-term pilot projects designed to increase new learning in the mental health field.

Funds are for the provision of services and supports for individuals and families in need, especially those from cultural and ethnic populations that are traditionally unserved and underserved in the mental health system such as: Asian Pacific Islanders (API); Latinos; Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-sexed (LGBTQI); Senior Citizens; and Transition Age Youth (TAY). African Americans are an additional population of focus as data indicates they are overrepresented in the mental health system and hence "inappropriately served", which is often due to being provided services that aren't culturally responsive and/or appropriate.

Community Services & Supports, Prevention & Early Intervention, and Innovation funds are the only re-occurring monies that are allocated annually and may be spent over a three-year timeframe. Workforce, Education & Training and Capital Facilities and Technological Needs funds had initial expenditure timeframes of 10 years each, and must be utilized by the end of FY2017-2018. In order to utilize funds from each component, an approved plan must be in place. Plan development includes conducting a Community Planning process with the involvement of area stakeholders, writing a Draft Plan, initiating a 30-Day Public Review, and conducting a Public Hearing at the Mental Health Commission. In the past, after these steps had been completed the Draft Plan would be sent to the state for approval. Beginning July 1, 2012, legislation AB 1467 made changes to the approving body and MHSA Plans/Annual Updates must now be approved by a local governing board (with the exception of Innovations, which must also be approved by the Mental Health Oversight and Accountability Commission

when asking to utilize funds for new programs). The City of Berkeley Mental Health (BMH) has approved plans in place to utilize funds for each component, as well as Annual Updates for Community Services & Supports and Prevention & Early Intervention.

**CITY OF BERKELEY
MHSA FY12-13 ANNUAL UPDATE OVERVIEW**

This City of Berkeley MHSA FY12-13 Annual Update proposes programming for the following use of funds: Community Services and Supports and Prevention & Early Intervention FY11-12 and FY12-13 funds; Innovations FY10-11 funds; and the remaining amount of Workforce, Education & Training monies. Through this Annual update the City may also elect to put a small amount of funds in the Prudent Reserve. This Annual Update proposes to continue most of the programs that were approved in previous plans/or Annual Updates, and as MHSA funding allocations have decreased from prior year allocation amounts, will also propose to eliminate several programs that were previously approved but never implemented. Original/or prior year MHSA Plans and Annual Updates can be accessed on the Berkeley Mental Health (BMH) website: http://www.cityofberkeley.info/Mental_Health/. Proposed programming and activity updates for each MHSA component are outlined by section of this Annual Update, with program budgets at the end of the document. A quick view of programs that are proposed to be continued, eliminated, or added through this Annual Update is provided below (additional detail on programs and activities are outlined per section throughout the document):

COMMUNITY SERVICES & SUPPORTS - Pages 5-15	
Program	Proposed Changes
Children's Intensive Support Services	Continue at a reduced rate
TAY, Adult & Older Adult Program	Continue, increase Supervisor staffing
Diversity & Multi-Cultural Services	Continue at a reduced rate
TAY Support Services Team	No changes to program
Wellness Recovery System Integration	Continue at a reduced rate
Older Adult Support Services Programs	Not yet implemented, eliminate programs
PREVENTION & EARLY INTERVENTION - Pages 16-28	
BE A STAR	Continue at a reduced rate
Supportive Schools Project; formerly BEST	Continue at a reduced rate
Community Education & Supports	No changes to programs
Social Inclusion Project	Continue at a reduced rate
High School Prevention Project	Continue at a reduced rate
Community-Based Child/Youth Prevention Project	Continue at a reduced rate
Adult Connections & Community Outreach Projects	Not yet implemented, eliminate program
Adult Homeless Outreach Project	Add new project
INNOVATIONS - Pages 28-38	
All Innovations programs	Continue at a reduced rate.
WORKFORCE, EDUCATION & TRAINING - Pages 38-41	
Peer Leader Coordination	Continue at an increased rate
Staff Development & MHSA Training	Continue at an increased rate
Mental Health Career Pathways	Change program scope and increase funding
Graduate Level Stipend Program	Continue at an increased rate
Peer Leader Stipend Program	Continue at an increased rate
Staff Educational Advancement Program	Not yet implemented, eliminate program

COMMUNITY PLANNING PROCESS

- 1. Briefly describe the Community Program Planning Process for development of the FY12-13 Annual Update. Include methods used to obtain stakeholder input.**

Each Annual Update provides an opportunity to re-visit ideas that emerged through previous MHSA planning processes but have not yet been implemented. Initial and subsequent Community Planning processes involved many diverse sectors of the community and identified more needs to address, than funds available. As with each previous MHSA Plan to develop the FY12-13 Annual Update, ideas obtained through current/previous outreach efforts were examined for appropriateness to MHSA funding component guidelines, and prioritized for inclusion. As such, the voices and ideas of many diverse stakeholders who either participated in previous planning efforts or directly in the planning for the MHSA FY12-13 Annual Update informed the process. In all, through previous or current MHSA planning efforts stakeholders/or representatives from the following groups or communities provided input on community and programming needs: Mental Health Consumers; Family Members; community members; African Americans; Latinos; Asian Pacific Islanders; Senior Citizens; LGBTQI; TAY; Ex-Offenders; Veterans; local collaborative representatives; City of Berkeley Commissioners; Berkeley Unified School District (BUSD); Albany Unified School District (AUSD); Berkeley Adult School; Berkeley Community College; community advocates; Berkeley Senior Centers; Alcohol and Drug Programs; Public Mental Health Service Providers; Youth and Adult Homeless Shelters; Social Service Agencies; MHSA Advisory Committee members; Berkeley City Council members; and staff from Berkeley Mental Health and Public Health.

In October 2012, BMH began the Community Planning Process for the MHSA FY12-13 Update. Multiple re-organizations within the Division causing several changes in key staff, precluded this process from occurring earlier. The process began with internally examining current programming, needs still unaddressed, and funding available. As this process was occurring, recruitment for new membership on the BMH MHSA Advisory Committee was underway in order to obtain a more balanced and diverse group of consumers, family members, community advocates, City of Albany representatives, a Mental Health Commissioner, and representatives from unserved, underserved and inappropriately served populations. Once the new committee re-convened, draft priority program ideas for inclusion in the FY12-13 Update were vetted through this group. From there, in order to garner input, two community and two staff meetings were held. Community and staff input were then brought back to the Advisory Committee for recommendations to the Division on programming priorities. Community needs that emerged through previous MHSA planning efforts, that were again noted through input received in the planning for the MHSA FY12-13 Update, included a need for: increased services and supports for homeless individuals; services for the elderly; additional strategies to support clients in reaching their employment goals; increased services for Latinos; specialized services for Women; additional services for Albany residents; and innovative strategies to serve the TAY population. As MHSA funding allocations are lower than in prior years, services that had been previously implemented were prioritized for continuation, leaving limited funds available to sustain new programming.

2. Describe methods used to circulate, for the purpose of public comment, the MHSA FY12-13 Annual Update.

A 30-Day Public Review is was held from February 27 through March 28 to invite input on the FY12-13 Annual Update. A copy of the FY12-13 Annual Update was posted on the BMH MHSA website in English and Spanish and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing at the Mental Health Commission was conducted on March 28th at 7:00pm at the North Berkeley Senior Center.

3. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed FY12-13 Annual Update that was circulated.

Comments received during the 30-day public review and/or at the public hearing did not warrant any substantive changes to the FY12-13 Annual Update. Input received supported the inclusion of additional services for area homeless populations; provided feedback around project implementation; and recommended prioritizing future funding allotments around the expansion of services for Transition Age Youth and other homeless and marginally housed populations, and to support Mobile Crisis Services.

At the public hearing the Mental Health Commission approved the FY12-13 Annual Update as written (Ayes: Arreguin, Black, Davis, Heda, Kealoha-Blake, Marasovic, Stanley; Abstain: Nemirow; Absent: Posey).

COMMUNITY SERVICES & SUPPORTS (CSS)

MHSA CSS funds are to be used primarily on intensive services and supports for Seriously Emotionally Disturbed children and youth, and Severely Mentally Ill Transition Age Youth (TAY), Adults, and Older Adults. Children's services provided through this component should include individualized or "wraparound" services, build on the strengths of each eligible child and family, and be tailored to address the clients unique and changing needs. Services for TAY, Adults and Older Adults should have an interagency network of services with multiple points of access and be assigned a single person or team to be responsible for all treatment, case management, and community support services. Funds in this MHSA component can also be utilized to create opportunities for mental health consumers and family members to directly participate in decisions that affect their lives around services and resource allocations, and to ensure the system of care is providing culturally competent services.

CITY OF BERKELEY CSS PROGRAMS

Following a year-long community planning and plan creation process the initial City of Berkeley CSS Plan was approved by the California Department of Mental Health (DMH) in September 2006. Updates to the original plan were subsequently approved in September 2008, October 2009, and April 2011. From the original approved CSS Plan and/or through subsequent plan updates, the City of Berkeley has provided the following services: Wrap-around Services for Children and their families; TAY, Adult and Older Adult Intensive Treatment Services; Multi-cultural Outreach & Engagement; TAY Support Services; Consumer Advocacy; Wellness and Recovery Services; Educational and Employment Services; and Family Advocacy. Proposed programming for the use of MHSA CSS FY11-12 and FY12-13 funds are outlined in this update. Program descriptions, activities, and any changes proposed through this plan update are detailed below:

FULL SERVICE PARTNERSHIPS

Children's Intensive Support Services

The Intensive Support Services program is a community-based mental health program designed to provide intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. Interventions may include mental health counseling, parent and child psycho-education, case management, psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. Services are individually tailored, developed in collaboration with families, and include a range of strength-based, culturally competent services and resource acquisition. Major strategies include coordination with a range of services to promote resilience in the child and family, and the utilization of schools as an important avenue for referrals. The main goal of the program is to enable children, youth and their families to acquire the skills and/or mental health supports needed to improve, stabilize, and/or strengthen their levels of individual and family functioning. This program serves 10-20 youth at a time.

Activity Update

Services for this program were previously provided through a community-based organization during the time period of July 2007 through September 2011, serving a total of 60 clients. In the

most recent timeframe, July 2010 through September 2011, 27 youth were served. Demographics on youth served during this timeframe were as follows:

CLIENT DEMOGRAPHICS N=27	
<i>Client Gender</i>	<i>Number Served</i>
Male	63%
Female	37%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African Americans	37%
Caucasian	15%
Latino	4%
Nicaraguan	4%
Bi-Racial	11%
Mexican/American	11%
Other Asian	7%
Unknown/Not Reported	11%
Age at Admission	
<i>Client Age In Years</i>	<i>Number Served</i>
6-9	4%
10-12	26%
13-15	52%
16-18	18%

A sampling of available data on clients receiving intensive support services through this program over time showed the following outcomes: an approximate 70% decrease in school suspensions and an approximate 75% increase in school attendance, in youth who had previous difficulties attending school and/or whom had experienced prior school suspensions; an approximate 85% decrease in psychiatric hospitalizations in youth who had been at risk for, or who had prior hospitalizations; an approximate 70% decrease in arrests leading to Juvenile Hall in youth who had been involved with probation; and an approximate 95% of youth served remained at home and did not need out-of-home placement.

In October 2011, BMH Family, Youth & Children's Services (FYC) began directly providing these services to youth in need and/or referred services to other area providers as appropriate.

Proposed Changes

Due to a decrease in MHSa CSS allocations, a reduction in funding from the amount allocated in the FY10-11 Update is proposed. Reductions will not have an effect on the number of clients served or the array of services offered.

TAY, Adult and Older Adult Full Services Partnership

This program provides intensive support services to TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who aren't currently receiving services and/or individuals that in spite of their current services are having difficulties with: obtaining or maintaining housing; frequent or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations

include individuals from un-served, underserved and inappropriately served cultural communities.

The most intensive level of clinical supports offered at BMH is provided through this program. Client services and peer supports are coordinated through integrated assessment and treatment teams which maintain a low staff-to-client ratio (12:1) that allows for frequent and intensive support services. Clients are provided assistance with finding appropriate housing and in some cases may qualify for temporary financial assistance. Efforts are also made to involve family members and other community support persons in the client's recovery plan and program staff may provide assistance with getting financial benefits established and/or providing assistance with money management. A full range of mental health services are provided along with access to housing, education, benefits advocacy, supported employment, and other client services such as the clinic's peer led Wellness Recovery activities. The primary goals of the program are to engage clients in their treatment; reduce homelessness, hospitalization, and incarceration; and to increase stabilization, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 50-60 clients at a time.

Activity Update

Last year a total of 68 TAY, Adults, and Older Adults were served through this program. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=68	
<i>Client Gender</i>	<i>Number Served</i>
Male	63%
Female	37%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African American	35%
Asian Pacific Islander	9%
Caucasian	49%
Latino	3%
Multi-Racial	4%
Age Category	
<i>Client Age Category</i>	<i>Number Served</i>
Transition Age Youth	23%
Adult	59%
Older Adult	18%

Outcomes for TAY served through this program were as follows: Six aged out of the program; one stepped down in care to Meds Only; one was incarcerated; one moved out of the area; and seven were housed. Of the seven who were housed: Three clients no longer needed Mental Health services, one of whom obtained employment; one stepped down to Meds Only services and received an Internship; and two were enrolled in school.

Adult and Older Adult client outcomes included the following: Six clients were dis-enrolled from the program, three of which stepped down to a lower level of care, two reconnected with family and moved out of the service area, and one was transferred to a forensic case management team; thirty-three were able to maintain stable housing throughout the entire fiscal year; eight

entered the program homeless and were able to move into permanent stable housing; seven were able to maintain housing for part of the fiscal year; and four clients were continuously homeless throughout the fiscal year.

Some of the various program successes achieved last year included: Assisting clients with obtaining and maintaining stable housing; reducing the number of client inpatient psychiatric hospital days; keeping clients engaged in mental health services; reconnecting clients with family members; and assisting some clients in achieving "recovery" to the point that they were able to step down to less intensive services. Program challenges included: Finding safe, affordable housing in one of the most expensive housing markets in the U.S.; figuring out how to best serve (a small portion of) clients who were unwilling to accept housing; assisting housed clients in maintaining residency as they may at times relapse and/or have behavioral or money management problems; serving clients with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues.

Going forward an increased focus will be on hiring staff with lived experience as mental health consumers, increasing housing options for clients, improving client outcomes in regard to obtaining volunteer or paid employment, and involving consumers in more peer-led and community activities.

Proposed Changes

Program Supervisor staffing is proposed to be added through this update to ensure appropriate oversight.

MULTI-CULTURAL OUTREACH AND ENGAGEMENT

Diversity & Multicultural Services

A Diversity & Multicultural Coordinator (DMC) provides leadership in identifying, developing, implementing, monitoring, and evaluating services and strategies that lead to continuous cultural, ethnic, and linguistic improvements within the Division's mental health system of care, with a special emphasis on unserved, underserved, and inappropriately served populations. The DMC also collaborates with state, county, and local agencies in order to address mental health inequities and disparities for targeted communities in the Cities of Berkeley and Albany. The DMC accomplishes these goals by: Providing training to all mental health stakeholders; performing outreach and engagement to unserved, underserved, and inappropriately served communities; developing long and short term goals and objectives to promote cultural and linguistic competency; chairing the agency's Diversity and Multicultural Committee and Staff Training Committee; attending continuous trainings in the areas of cultural competency and mental health services; monitoring Interpreter and Translation Services for the Division; collaborating with State, Regional, County, and local groups and organizations, and developing and updating BMH's Cultural Competency Plan.

Activity Update

Program services, events, and activities provided under the direction of the DMC last year are summarized below:

- **Training:**
 - Military Culture Training in December of 2011 - (14 individuals attended this training) Attendees included staff and service providers.
 - California Brief Multicultural Competency Scale (CBMCS) training - Approximately 85% of BMH Staff completed the CBMCS 4-day training between February and June of 2012. (*Note this training was coordinated by the DMC and funded under the MHSA WET component).
 - Healing From Our Cultural Roots, Latino Conference, April 2012 - (An estimated 110 individuals attended this training.) Attendees included staff, consumers, family members, service providers, and residents.
 - LGBTQ PRIDE training in June of 2012 - (Approximately 120 individuals attended this training) - This training was collaborated with Alameda County Behavioral Health Care Services (ACBHCS) and several community partners. Attendees included staff, consumers, family members, service providers, and residents.

- **Cultural/Ethnic and Community Events:**
 - Annual Juneteenth Event in June 2012 – BMH Information Booth (More than two-hundred individuals stopped by the booth.) Seven consumers; including TAY and family members assisted with staffing the booth.
 - May is Mental Health Month 2012 - (Approximately 80 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
 - Annual Black History Month event in 2012 (Approximately 125 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.

- **Outreach and Engagement:** Outreach and Engagement activities were conducted at the following locations to targeted populations: St. Joseph The Worker Church (Latino community); University Village (Latino and Asian communities in Albany); Community Health for Asian Americans (Asian community) Buddhist Temple (Thai community); Portia Bell Hume Behavioral Health and Training Center (Sikh and Hindu communities); East Oakland Masjid (Muslim community); Pacific Center (LGBTQI community); South Berkeley Community Church (African American Homeless population); and Berkeley High School (Youth population).

- **Special Projects:**
 - Active engagement with the State of California Reducing Disparities Projects (CRDP) for African Americans; Latinos; Asian/Pacific Islanders; Native Americans; and LGBTQI population initiatives (2011 - 2012).
 - Monthly Diversity & Multicultural Calendar (2011 - 2012) - This Cultural Competency Educational tool was developed for staff and community partners with a focus on cultural events, celebrations, and information about different populations throughout the world.

- o Senior Medication Screening and Education for Seniors, 2011 – (Approximately 40 individuals received this service) In collaboration with LifeLong Medical Care. Provided seniors and their caregivers with education, motivation, and referrals for optimum health and wellness.

The DMC also actively serves on the following groups/committees: Diversity & Multicultural Committee, Chair; BMH Training Committee, Chair; PEERS Countywide Spirituality Committee member; ACBHCS LGBTQI PRIDE Committee Member; ACBHCS Cultural Responsiveness Committee Member; State and County Ethnic Services Managers/Cultural Competency Coordinators Committee Member; PEERS African American Action Team Committee Member; Statewide Spirituality Liaison, and East Bay Regional Ethnic Services Managers Committee, Co-Chair.

As with other jurisdictions, going forward BMH needs to continue to address limitations in providing culturally responsive services to unserved, underserved, and inappropriately served communities within the local mental health delivery system.

Proposed Changes

A reduction in overall program funding is proposed through this update. Proposed reductions will be taken from eliminating positions that were included in previous CSS Plan Updates, but never filled, and will not decrease service capacity.

TAY Support Services Team

Implemented through Youth Engagement Advocacy Housing (YEAH), this program provides outreach, services, supports, and/or referrals to TAY with serious mental health issues who are homeless or marginally housed and not currently receiving services. Priority is given to youth coming out of foster care and/or the juvenile justice system and particular outreach strategies are utilized to engage youth from various ethnic communities, including Asian and Latino populations, among others. Program strategies include: culturally appropriate outreach and engagement methods; peer counseling; assessment; individual and group therapy; family education; ancillary program referrals and linkages. Services are designed to be culturally relevant, tailored to each individual's developmental needs, and delivered in multiple, flexible environments. The main goals of the program are to increase outreach, treatment services, and supports for mentally ill TAY in need, and to promote self-sufficiency, resiliency and wellness. This program serves up to 15 youth at a time.

Activity Update

This program has been widely successful in addressing the multiple needs of TAY youth. Last year 47 unduplicated TAY were served, 25 through assessments, and 22 youth received intensive weekly services. An additional 135 youth received outreach and engagement to inform them of program services. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N=22	
Gender of Client	
<i>Client Gender</i>	<i>Number Served</i>
Male	45%
Female	55%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African American	59%
Caucasian	14%
Latino	14%
Bi-racial	13%

Intensive weekly services included any or all of the following: therapy, case management, peer support, referrals and coaching. Also provided were services in housing attainment and retention, financial management, employment, schooling, and community involvement. Many youth receiving intensive weekly services met 2-3 times a week with a Case Manager and once a week with a Peer Counselor.

The project was able to offer clients Shelter Plus Care and Coach Certificates through the City of Berkeley Health, Housing and Community Services Department. Housing retention was crucial to maintaining the stability of youth. Youth in the program receiving Shelter Plus Care and/or Coach certificates all retained their housing except for one youth who moved to transitional housing. By the end of the year, the 21 youth still in intensive weekly services had the following housing outcomes: Eight were in City of Berkeley Shelter Plus Care apartments; two were in City of Berkeley Coach Certificate apartments; one moved from Section 8 into their own apartment; one was in their own apartment; one was in an inpatient psychiatric hospital; one was in Fred Finch Turning Point transitional housing; one moved from homelessness to a shared rental apartment; one moved from a subsidized to an unsubsidized apartment; and five were homeless.

Employment and/or educational outcomes for youth in the program were as follows: Six had part-time jobs; two had full-time job; one had a temporary job; four had Social Security Income; eight were in school; one was on medical leave; one had no income; and one was incarcerated.

Proposed Changes

There are no program changes proposed at this time.

SYSTEM DEVELOPMENT

Wellness Recovery Support Services

Wellness Recovery Support Services are intended to expand collaboration with stakeholders, promote the values of wellness, recovery and resilience, and move BMH towards a more consumer and family member driven system. Services are comprised of the following main components: Wellness/Recovery System Integration; Family Advocate Services; and Employment/Educational services. Additional services to support clients include Housing Services and Supports, and Benefits Advocacy. Together, each ensures that consumers and

family members are informed of, and able to be involved in, opportunities to provide input and direction in the service delivery system and/or to participate in recovery-oriented or other supportive services of their choosing. Strategies designed to reach program goals include: developing policies that facilitate the Division in becoming more Wellness & Recovery oriented and consumer/family member driven; outreach to, and inclusion of, consumers and family members on Division committees; provision of family support & education; supported employment and vocational services; wellness activities; peer supportive services; client advocacy; housing supportive services; and benefits advocacy.

Proposed Changes

A reduction in overall program funding is proposed through this update. Proposed reductions will be taken from eliminating positions that were included in previous CSS Plan Updates, but never filled, and will not decrease service capacity.

Program descriptions and activities for each component are outlined below:

Wellness/Recovery System Integration

A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness and Recovery on a system wide level. In order to accomplish these goals, some of the various tasks include: recruiting consumers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for a "Pool of Consumer Champions (POCC)"; working with staff to develop various Wellness and Recovery related policy and procedures; oversight of the Division's "Wellness Recovery Activities", etc. The Consumer Liaison is also a resource person around "Mental Health Advance Directives" for consumers desiring to express their treatment preferences in advance of a crisis; and is a participant on the following: ACBHCS Ongoing Planning Council; Alameda County Pool of Consumer Champions' Healing Trauma Committee; and the Greater Bay Area Workforce and Education Collaborative.

Activity Update

Within the past year the following activities were conducted under the direction of the Consumer Liaison:

- **Wellness Recovery Task Force:** This group began meeting in May 2007 to assist the Division in becoming more Wellness and Recovery oriented. Task Force members consisted of staff, consumers, family members, and community advocates. Overtime the Task Force has been very instrumental in bringing Wellness Recovery ideas and strategies forward for system change initiatives. Within the past year the Task Force met with Division leadership and made recommendations to BMH on Innovation strategies and how to create a more welcoming environment. The Task Force additionally provided information on free or low cost recreational activities, became informed on Peer-Run respites, and in conjunction with the federal Substance Abuse Mental Health Services Administration's (SAMHSA) 1st Wellness Week, initiated an Art Walk. During the year Task Force members noted that attendance had become low (4-8 members) and tended to only include consumers. After the 5th anniversary celebration in May 2012, the group decided to disband. It is intended that a forum will be convened to generate ideas for a future Wellness Recovery oriented planning group.

- **Berkeley Pool of Consumer Champions (POCC):** The Berkeley POCC meets monthly to outreach to consumers, connect with Alameda County POCC activities, and to become informed about Berkeley's MHSA planning and implementation process. The Berkeley POCC consists of 6-13 members. Six stipends are awarded to participants on a rotating basis that is determined by the group. Within the past year, the POCC began meeting monthly with the Department Director. The group also developed a statement on the 5150 process that was shared with the Alameda County POCC and BMH management.
- **Wellness Recovery Activities:** Designed with, and building on the talents of consumers, the Division Wellness Recovery activities implements workshops, trainings and ongoing healthy groups. Activities are led by trained "Wellness Recovery Leaders", and members and leaders, include consumers, family members and community members. Light refreshments are served at each activity. Over the past year activities (such as: creative writing; movement, art, etc.) were conducted on a weekly basis. One leader hosted an informal group that visited the Berkeley Art Museum on the first Thursday of the month, which is admission free day. Weekly attendance included 5-10 members.
- **Money Management Series:** Based on early feedback from the Wellness Recovery Task Force, this program was initiated to assist with the Division's transition away from providing payee services to clients. A six week series started in March 2012 that included budgeting; how to deal with Social Security; information on bank accounts and credit cards; and how to avoid victimization through fraud or identity theft. Four consumers participated in the series.
- **BEST Now! Intern:** In the second half of last year, a consumer from BEST Now! did an internship with the Division. In addition to being a visible proof of recovery, the intern provided outreach to BMH consumers to participate in various supportive activities, and started a Bipolar Support Group that served 3 participants. When the internship ended, participants were encouraged to venture to the larger Berkeley Bipolar Support group.

Family Advocate Services

Family Advocate Services is a family/caregiver-centered program serving Berkeley and Albany that provides information, education, advocacy and support services to family/caregivers of children, adolescents, TAY, adults and older adults with serious emotional disturbance or severe mental illness. Services are provided in a culturally competent manner, which outreaches to people of various ethnicities and language groups. Through this program, a Family Advocate works with family members throughout Berkeley Mental Health and the community, providing support and linkages to community services. The Family Advocate serves as a point of contact for family members who are currently accessing or attempting to access services and/or who have questions and concerns about the mental health system, providing them with supports, and as needed, referrals to additional community resources. The Family Advocate: conducts outreach to families through the existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County Family Education and Resource Center (FERC); coordinates forums for family members to share their experiences with the system; recruits family members to serve on BMH committees; supports family members through a "Warm line"; conducts a Family Support Group, and a Family Consultation

Group; and creates training opportunities to educate mental health staff on how to effectively work with families.

Activity Update

Within the past year the following services and supports were conducted through this program under the direction of the Family Advocate:

- **Warm Phone Line Support:** A Warm Phone Line provides a sympathetic resource for family members needing information, referrals, supports, and assistance in navigating the complex mental health system. Last year, the Family Advocate fielded 120 calls, assisting family members in need.
- **Family Support Group:** Family Support groups are offered for parents, children, siblings, spouses, significant others, or caregivers. An English speaking support group meets twice a month for two hours and a Spanish speaking group meets monthly for 90 minutes. Last year, 120 Family Members/Caregivers participated in Support Groups. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=120	
<i>Client Gender</i>	<i>Number Served</i>
Male	18%
Female	78%
Unknown	4%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African American	5%
Asian Pacific Islander	2%
Caucasian	71%
Latino	10%
Unknown	12%
Age Category	
<i>Client Age Category</i>	<i>Number Served</i>
Adult (26-59 years)	33%
Older Adult (60+)	48%
Unknown	19%

- **Family Consultation Group:** A Family Consultation Group is convened monthly to provide a space for families to provide input and direction around policies and strategies to assist the Division in becoming more family oriented. The group meets for two hours each month and consists of 8 female members, seven of whom are older adults and one is an adult.

Employment & Educational Services

Through this program an Employment Specialist works directly with consumers assisting them in the exploration of their educational and/or employment goals. The Employment Specialist collaborates with existing staff, local businesses, area vocational services, community organizations, and community colleges to: expand opportunities for BMH consumers; ensure that individual consumer needs are honored; and support consumers in experiencing successes along the journey of reaching their educational and/or employment aspirations. The primary goals of the program are to: create and nurture supported vocational, educational and volunteer “try-out” opportunities in the community; build employment and educational readiness; and

increase the numbers of consumers who are gainfully employed and/or engaging in other meaningful activity such as school or volunteer work.

Activity Update:

Within the past year, the Employment Specialist implemented the Dartmouth model of supported employment. The Dartmouth model helps to promote wellness and recovery by enabling clients to work alongside other non-mentally ill workers in a competitive environment in their community. In this model, employment supports are provided to clients from multiple sources including the following: Employment Specialist; Case Manager; Psychiatrist; and any involved Family Members. The Employment Specialist also: provided supports to clients who were interested in starting their own business by guiding them through the necessary steps of getting a license, advertising, etc.; assisted clients who weren't quite ready to obtain employment, in becoming involved in volunteer opportunities; connected clients with the Department of Rehabilitation for computer skills training; worked with staff to ensure clients were adhering to their medication regimen; and supported clients in filling out job applications and or practicing their interview skills.

In total, 49 TAY and Adult consumers received Employment & Educational services over the course of last year, 6 of whom obtained employment. Demographics of those served include the following: 49% African Americans; 41% Caucasians; 6% Asian Pacific Islanders; and 4% Hispanics.

During the Community Program Planning process for this Annual Update several members of the MHSA Advisory Committee provided keen input based on their own experiences around strategies to support clients in reaching their Employment goals, such as having the Employment Specialist assist clients on interviews, and assisting clients on what needs to be shared with an employer regarding reasonable accommodations, etc. Going forward, all input will be utilized to build increased supports into current services for clients seeking to obtain employment.

Housing Supports

A Housing Specialist works with clients and staff throughout the Division to provide information and supports on Housing Resources.

Benefits Advocacy

A collaboration with a community-based organization assists clients in obtaining benefits. Last year 18 clients (15 men and 3 women) were provided services through this agency. The results were as follows; 7 clients were allowed benefits; 9 client cases are pending; 1 client's case was insufficient to proceed; and 1 client passed away, so his case was closed.

Adult and Older Adult Support Services

The FY10-11 Update added two programs designed to provide additional supports for Adults and Older Adults, which have never been implemented due to reduced staffing and various re-organizations within the Division. With CSS funding allocations lower than in previous years, thereby reducing the ability to sustain any new services going forward, BMH is proposing to eliminate these programs and instead focus resources on services and supports that have previously been implemented for this population. Current services will be examined to see how they can be modified to add some of the various components the programs outlined in the FY10-11 update would have implemented.

PREVENTION & EARLY INTERVENTION (PEI)

MHSA Prevention and Early Intervention funds are to be used to prevent mental illnesses from becoming severe and disabling. Programs funded under this component should have:

- an emphasis on improving timely access to services for underserved populations;
- outreach to increase knowledge and a recognition of the early signs of potentially severe and disabling mental illnesses;
- a reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services;
- a reduction in discrimination against people with mental illness;
- access and linkages to necessary medical care for those in need of additional services;
- an emphasis on strategies to reduce the negative outcomes that may result from untreated mental illness.

Programs should also include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, as well as components similar to programs that have been successful in both reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.

CITY OF BERKELEY PEI PROGRAMS

The original City of Berkeley PEI Plan was approved by DMH in April 2009 with a subsequent Plan Update approved in October 2010. From the original approved PEI Plan and/or through the FY10-11 Plan Update, the City of Berkeley has provided the following services through this funding component: An early identification, assessment, treatment and referral program for children (0-5 years old) and their families; prevention and short-term intervention services in the Berkeley school system; trauma support services for youth, adults and older adults in underserved, underserved and inappropriately served populations; an anti-stigma support project for mental health consumers and family members; and an intervention project for at-risk children. Proposed programming for the use of MHSA PEI FY11-12 & FY12-13 funds are outlined in this update. Descriptions, activities and any changes proposed through this Annual Update are detailed below by program:

Behavioral-Emotional Assessment, Screening, Treatment, and Referral (BE A STAR)

The Be A Star program is a collaboration with the City's Public Health Department providing a coordinated system in Berkeley and Albany that identifies children birth to age five and their parents, who are at risk of childhood development challenges including developmental, social, emotional, and/or behavioral concerns. The program specifically targets low income families, including those with teen parents, who are homeless, substance abusing, or in danger of foster care. Services include triage, assessment, treatment and referrals to appropriate community-based or specialist services as needed. Children and families are accessed through targeted efforts at the following: Black Infant Health; Vera Casey Teenage Parenting programs; Child Health and Disability Prevention programs, Pediatric providers; and through state-subsidized Early Childhood Development Centers. The goals of the program are to identify, screen and assess families early, and connect them with services and supports as needed.

The program uses the "Ages and Stages Questionnaires" (ASQ) screening tool to assess children in need. The ASQ consists of a series of 20 questionnaires that correspond to age intervals from birth to 6 years designed to help parents check their child's development. Each questionnaire contains simple questions for parents to answer that reflect developmental milestones for each age group. Answers are scored and help to determine whether the child's development is on schedule or whether the child should be referred for a developmental checkup with a professional.

Activity Update

Last year, a total of 269 children were screened at the 3 BUSD preschool/childcare sites (323 ASQ's were prepared and distributed, and 269 were returned and scored, for a 83% return rate). An additional 96 children were screened through home visits conducted by Public Health nurses. Of the 269 screenings from BUSD preschools, 184 (68%) showed typical results; 31 (12%) were "of concern"; 54 (20%) were "to monitor". All kids shown to be "of concern" were: referred to BUSD Special Education for an assessment; referred to a ULSS intervention class and/or discussed at ULSS for class interventions; and were referred to mental health staff present in the preschools. Overall, a total of 17 mental health agency referrals were made through BUSD preschool screenings. Additional program activities included the following:

- **Outreach and Engagement:** Presentations to promote a better understanding of the ASQ tool, and to increase successful completion of the questionnaire, were held at Head Start's Pregnant Women's groups and at the Vera Casey Teen Parenting program to a total of 32 women. Additionally, in collaboration with Berkeley Unified School Districts (BUSD) Summer Bridge program, two parenting groups provided supports to 22 parents of incoming kindergartners who have not attended preschool.

Throughout the year, BE A STAR staff maintained and strengthened relationships with pediatric providers and community partners by: conducting regular visits with pediatric providers to offer consultation and technical assistance on ASQ implementation and/or ASQ pickup; participating in monthly pre K-Universal Learning Support Services (ULSS) meetings, which are school-based groups convened to assess each student for strengths, progress, and early interventions for academic or other supports; participating in Berkeley's Early Childhood Education Kindergarten collaborative meetings; and collaborating with all 3 BUSD preschools/child care sites to prepare and score ASQs for over 300 children.

- **Training:** A refresher training on Universal Developmental Screening for 18 month old clients was provided to 35 staff at West Berkeley Family Practice.

Proposed Changes

A reduction in overall program funding is proposed through this update. Proposed reductions will not decrease service capacity. Reductions will be taken by moving mental health staff off of this funding source. Staff will still support all program functions through in-kind services.

Supportive Schools Project formerly "Building Effective Schools Together" (BEST)

Through the original PEI Plan, MHSA funds were leveraged to support the implementation of the "BEST program in several area schools in an effort to transform schools into a more overall welcoming environment, and to fill some of the resource gaps around early intervention

services. BEST is a model program that implements Positive Behavioral Supports (PBS), to change the culture of a school from one that is reactive and aversive in addressing problem behaviors, to one that uses preventative, positive, and supportive approaches. Through this model, school staff are trained and a 6-12 member school site implementation team (often termed a BEST Team) is convened that minimally consists of an administrative leader, teachers and staff, mental health/other service providers, and parents. The team works with a BEST "coach" (individuals trained in the program model who serve as liaisons for the schools) and interacts periodically with the rest of the school staff to review existing behavioral information/data and to identify clear behavioral outcomes. The goals of the BEST team are to: analyze, describe and prioritize the issues that need to be addressed within the school context; work with school staff and parents to define and teach behavioral expectations; implement explicit and systematic ways of acknowledging positive behavior among students; ensure on-going collection and use of data for decision-making around strategies to be implemented and to measure progress towards improving school climate; modify implementation strategies as needed based on the analysis of progress data; and continuously identify and implement concrete, evidence-based practices to positively support students who struggle behaviorally despite school climate improvements.

Since the approval of the original PEI Plan, BEST was implemented in several local schools over a couple of years. Following that period, many schools who had implemented BEST, began to move away from some of the aspects of the BEST model focusing priorities and resources on the intervention needs of students. While the PBS approach of the program was still embraced and utilized, many schools were not necessarily keeping full fidelity to other aspects of the BEST model. Therefore in regard to the leveraged MHSA PEI funds, this program has been re-named the "Supportive Schools Project" to more accurately reflect the prevention and intervention strategies that are currently being implemented, that do not include all the components of the BEST model. MHSA PEI funds currently provide resources to support school intervention services.

Activity Update

In the implementation of this program, two BMH staff were trained as BEST coaches and were out-sourced to area schools to be on-site for consultation, and to provide other services and supports. BEST coaches worked with schools to ensure the following activities were implemented:

- **Primary Prevention for School/Classroom Wide Systems/PBS Coaching and Program Development:** This component of BEST included the following: Refining behavioral expectations to be taught by school staff; building and supporting leadership teams at schools to decide how to implement programs; training school site teams in the PBS/BEST model; training school staff in Resiliency and Strengths Based interventions; developing and implementing curriculums to be taught to all students that support the PBS framework; analysis of data on student office discipline, referral, and performance to help teams make informed planning decisions around behavioral interventions; and collaboration with community service providers on referrals. During the most recent year the BEST model was implemented, (FY10-11), 3,664 Elementary and Middle School youth were impacted by PBS primary prevention and/or intervention services. Demographics on students served included

the following: 30% Caucasians; 25% Hispanics/Latinos; 22% African Americans; 10% Bi-Racial or Multi-Racial individuals; 9% Asian Pacific Islanders; 1% American Indian/Alaska Natives; and 3% unknown.

- **Secondary Prevention for Children with At-Risk Behavior and Tertiary Prevention/Specialized and Individualized Intervention for Children with High-Risk Behavior:** Services in this component included the following: provision of intensive/targeted interventions to support children who are at risk of chronic problem behaviors or higher/more intensive individualized interventions; mental health consultation with teachers and parents; outreach to families; group therapy; social skills training; developmental assessments; safety screening; crisis intervention; counseling; teacher and staff training on mental health issues; referrals to supportive services (including out-patient wrap-around mental health services). During the most recent year the BEST model was implemented, (FY10-11), 34 students received intervention services. Demographics on students served include the following: 44% African Americans; 24% Caucasians; 23% Hispanics/Latinos; 3% Bi-Racial or Multi-Racial individual; 3% Asian Pacific Islanders; and 3% American Indian/Alaska Natives.

Proposed Changes

A reduction in overall program funding is proposed through this update. Proposed reductions will not decrease the capacity of current priority services. Reductions will be taken by moving mental health staff off of this funding source as there is no longer a need for the BEST Coaching function they were providing.

Community Education & Supports

The Community Education & Supports project implements culturally-responsive psycho-educational trauma support services for individuals (18 and above) in various cultural, ethnic and age specific populations that are un-served, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQ; TAY; and Senior Citizens. All services are conducted through area community-based organizations.

Proposed Changes

There are no proposed changes to funding or services for any of the programs.

Program descriptions and activities are outlined below:

Albany Trauma Project

Implemented through Albany Unified School District this project provides trauma support services to Latinos, Asian Pacific Islanders and African American TAY, and Adults. Through various supports the project: provides helpful information and coping strategies around the effects of trauma; offers interventions to keep at-risk individuals and families from developing serious symptoms and behaviors; provides a forum for clinicians to monitor trauma-exposed individuals and families who may need more intensive mental health services; and creates a venue to explore trauma and stress management through symbols of healing, artwork, and alternative coping strategies. Services include: Youth Support Groups; Adult Support Groups; and Parent Education. Additional one time cultural activities to promote healing through

reflection groups and art projects are also conducted throughout the year. This project annually serves approximately 30-40 youth and 45-55 adults.

Activity Update:

Last year the following activities were conducted through this project:

- **Youth Support Groups:** Weekly support groups were provided at two Albany High Schools. Separate Support Groups were held for Asian Pacific Islander, Latino, and African American youth at each school. Additionally, an all Girls Group was provided. Groups met for 1-2 hours a week and were ongoing throughout the school year. Through all groups a total of 40 students participated in Support Groups. Demographics on youth served include the following: 40% African Americans; 32% Latinos/Latinas; 23% Asian Pacific Islanders; and 5% Bi-racial.

Albany High School: A total of 24 youth were served through groups at Albany high School. Over the course of the year, 3 group members discontinued services, one because she wasn't comfortable with the group format and two students because of conflicts with sports. Pre and post group evaluation results showed the following: 21 felt welcomed into the group; 18 felt the group was a place they could express their feelings; and 21 felt supported by other group members. In response to what their favorite thing about group was, students indicated the following: Making new friends; the people; the conversation; it was real; hearing other peoples' stories; helping others; sharing; and caring. In response to what their least favorite thing about group was, the majority of students responded with: nothing; a few students said missing class; and one student said feeling pressured to talk. Overall ratings on Albany High School youth groups indicated the following scores on a scale of 1-10: Asian Group: 8.6; Latino/Latina Group: 9.6; African American Group: 9.

MacGregor High School: A total of 16 students participated in youth support groups at MacGregor High School. The Girls Group served 10 students over the course of the year and the Latino Group served 6 students. As with Albany High School, pre and post tests were administered at MacGregor. In the Girls Group, although for various reasons several of the members were absent on the day the post-test was administered, the group received an overall satisfaction rating of 8.6 on a scale of 1-10. Participants expressed: interest in continuing the group next year; enjoyed participation in the group and getting to know people that they wouldn't ordinarily know; and enjoyed listening to others experiences and helping others. Closer friendships were formed outside of the group. In addition, per project staff report, participating in the group seemed to lead to an increased comfort with therapy.

Six students participated in a Latino group that was started in the beginning of the year by mental health interns. The group ultimately disbanded primarily due to the resignation of one of the interns. When group ended, all student participants were offered individual counseling.

- **Adult Support Groups:** This project implements outreach and engagement activities and support groups to Latino immigrant adults dealing with trauma issues, who live and work the backstretch of Golden Gate Field's race track as groomers; exercise jockeys and caretakers of the horses.

Initially, a healing art project was conducted to engage individuals in creating a "Mural" of their stories as a means to open the door to begin dialoging about trauma. Approximately 41 individuals, primarily men, 20-55 years of age, participated in the project. Participants shared their stories of home and their desire to see their families who they have been separated from for years. They drew images of memories they had and shared stories about their lives. Some of them shared that they couldn't draw or write, but wanted symbols to be put in that they saw as important to the mural. As the pictures were put into the mural, the participant's excitement for the project grew. Project staff found that towards the end, participants didn't want to leave, they were so engrossed with the painting. Golden Gate Field's staff were even impressed by the level of participation, collaboration and group cohesiveness and how it represented a whole other side to the individuals that they had never seen before. The participants were very proud of the end result of the Healing Mural as it represents each of their lives. The mural (pictured below) currently hangs at Golden Gate Fields.



Additional engagement activities included a "Community Building Event" which had 275 attendees; and a "Dia De Los Muertes Reflection Group" that had 45 participants.

A total of 60 adults, participated in regular ongoing support groups. Groups met from 1-2 hours each and utilized strengths-based activities to support adults through issues of acculturation, immigration, and dislocation and focused on increasing positive communication and coping skills. Group participants included 5 females and 55 males, ranging in age from 20-55 years old. All participants had a myriad of basic living needs and many were isolated and illiterate, placing an "X" for their name on project sign-in sheets.

In order to avoid literacy capabilities from limiting anyone's ability to respond, an informal, oral evaluation was administered individually to participants at the end of the group. Some of the participant comments were as follows:

- "This project helped us forget our worries, it allowed us a space to think and share;"
- "This project helped to relieve our stress;"
- "For you to be here is a gift to us, we are able to talk and share about many things;"
- "Thank you for making a difference."

In assessing the impact this group has made, project staff note that it comes out of an innovative cultural model of treatment that takes into account the lives' of the backstretch, the barriers that they experience to treatment as well as their level of acculturation, language and the experience of the individuals. It is very clear that a traditional model of treatment would be difficult for the individuals to experience. First, they are not willing to go

out into the community for resources as they cannot leave their work to do so. The times and hours are complicated, even transportation is difficult for them to access. Therefore, having mental health resources come into the backstretch has been a strong support for them.

Future priorities are around how to best support the aging population that live and work at Golden Gate Fields. Project staff are concerned about what will happen to older adults as this life is all they have known for years. They have become institutionalized in this process of the backstretch becoming the only family they know and a structured system that is their life. Staff are looking at how to address these issues by talking with them and working on helping them to find, envision and create their futures.

- **Parent Education Evenings:** Parent Education Evenings were targeted to reach Korean and Chinese parents living in Albany. Each educational event was held from 1-2 hours and structured to provide information and supports to parents around trauma issues related to acculturation and immigration, with a focus on positive coping strategies. Parent Education Evening events were held separately for each population and were conducted in Korean and Mandarin languages. Topics included the following: "Dealing with Cultural Differences"; "Adjusting to the School System and Immigration Issues"; "Acculturation Conflicts"; "Dealing with Middle Childhood Development patterns and Coping Skills". There was a range of 10-24 Participants at each Korean Parent Education Evening; and the number of attendees at Chinese Parent Education Evenings ranged from 4-26 participants.

Living Well Program

Implemented through Center for Independent Living, this program provides services for Senior Citizens (aged 50 and over) who are coping with trauma and/or mental health issues associated with acquired disabilities. Senior Citizens with acquired disabilities are one of the most difficult groups to reach with disability services. It is similarly difficult to intervene with this group's developing mental health issues related to aging and the traumatic impact of acquiring one or more disabilities (such as loss of mobility, vision, hearing, et al). The core of the program is a wellness workshop series entitled "Living Well with a Disability". Through a combination of education, goal setting, group and peer counseling, the workshop series is designed to promote positive attitudinal shifts in a population who, despite the tremendous need for care, would typically not be responsive to mental health intervention. The workshop series includes an 8-10 week, one to two hour class conducted by Peer Facilitators, and an optional 30 minute counseling session. Counseling sessions are designed to monitor curriculum impact and continually assess individual goals and resource needs. This program serves up to 150 Older Adults a year.

Activity Update

Within the last fiscal year, 169 Senior Citizens participated in Living Well program activities. Six cycles of the Living Well series workshops, were conducted in the following Berkeley locations; Redwood Gardens; North Berkeley Senior Center; Center for Independent Living; and South Berkeley Senior Center. Each Living Well Workshop series included the following sessions: Orientation; Goal Setting; Problem Solving; Healthy Reactions; Beating the Blues (Depression and Moods); Healthy Communication; Seeking Information; Physical Activity; Eating Well (Nutrition); Advocacy (Self and Systems Change); and Maintenance. Topics of Grief and Loss, Depression, Retirement, and Senior Invisibility were also incorporated into the program. Additional program activities included: Peer group or one-on-one counseling; "Living Well at the

Movies” where participants are shown movies focusing on entertainment and self care; Asian cooking demonstrations; presentations on the importance of getting enough Vitamin D and staying hydrated; and at the request of participants, a workshop on Employment Readiness.

Program outreach was conducted at the following area events: Alameda County Board of Supervisor’s – Prevention & Wellness Hearing; Alzheimer’s Forum; Cancer Survivors’ Celebration of Life; North Berkeley Senior Center’s First Annual Senior’s Health Fair; Healing from Our Cultural Roots Training at Berkeley Mental Health; Senior Injury Prevention Training/Forum; Berkeley Senior Centers (North and South locations); Berkeley Juneteenth; and at the Harriet Tubman Senior Residence.

The workshop series was well attended and by participant report, very successful. In fact, at one location it was requested that the series be extended as participants deemed the program to be so beneficial. Peer counseling, both group and one-on-one format, and Living Well at the Movies, were also very popular activities.

Harnessing Hope Program

Implemented through GOALS for Women this program provides community-based, culturally competent, outreach and support services for African Americans residing in the South and West Berkeley neighborhoods who have experienced traumatic life events including racism and socioeconomic oppression and have unmet mental health education and support needs. Originally, the program was designed to serve 15-24 African American women and their families through the following services: Outreach and engagement; screening and assessment; psycho-education; family education; support groups such as “Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups); workshops and classes; mental health referrals and community linkages; and peer counseling and support. Just recently in the current fiscal year, program services have changed to focus primarily on training and mentoring community leaders who will become Peer Facilitators of Kitchen Table Talk groups. The target population and numbers to be served have also recently been changed to include men and to provide services for 50-130 individuals. The primary goal of the program is to normalize stress responses and empower families through psycho-education, consciousness raising, strengths based coping skills, and supportive services.

Activity Update

Last year the following activities were conducted through this program:

- **Outreach and Engagement:** These activities were designed to inform residents of program services. Approximately 596 individuals were outreached to at the following area locations: Berkeley Women’s Center; Black Infant Health; Peralta Schools; Emeryville Unified School District; Rubicon; Berkeley Youth Alternatives; Inner-City Services; Phillip Temple Church; Berkeley Unified School District; Berkeley Women’s Health Center; A Better Way; Gina Beauty 4 U; Berkeley Women’s Drop-In Center; Ashby BART; Washingtoun Laundry; Pat’s Hair Debonair; Lazarus Studio for Her; Rathas Beauty Salon; Wash & Shop Laundromat; Sparkle Clean Wash & Dry; J & L Laundry Cleaning; Central Launderette; Blow Salon; University Launderette; Anna Bella nails; Salon 2000; Nina Café; Mokka; CalSubs; Elmwood Laundry; Nabolom Bakery; Dream Fluff Café; Noah’s Bagel; Pete’s Coffee; La Mediterranean; Craigslist; Door-to-Door; and Street outreach.
- **Kitchen Table Talk Groups:** These supportive groups were held at Berkeley Food and Housing Project and the Suitcase Clinic and provided psycho-education and support services aimed at empowering homeless women in transitional shelters. Additional groups

were also held at Black Infant Health. Over the course of last year a total of 40 African American women, ranging in age from 26-67 years old, participated in Kitchen Table Talk Support Groups. Many of the participants were also assessed and received individual and/or family psycho-educational support services, or were referred to additional community resources as needed. For many of the participants, this support group was the only opportunity they had for discussing their emotional and substance abuse struggles and it was a great way to build community in a place where residents normally keep to themselves. Per program staff report, participants commented on how they felt less stressed and more supported after group, and how they looked forward to future groups.

Additional activities conducted last year included a Wellness/Mental Health Training Fair that was held in December to provide supports for individuals around the holiday's, and regular meetings with the project Stakeholder group.

Trauma Support Project for LGBTQI Population

Implemented through the Pacific Center for Human Growth, this project provides outreach, engagement and support group services for individuals (18 and above) in the LGBTQI community who are suffering from the impact of oppression, trauma and other life stressors. Particular emphasis is on outreaching and providing support services to identified underserved populations within the local LGBTQI community. Through this project twelve to fifteen support groups are provided weekly throughout the year targeting various populations and needs within the LGBTQI community including: Men of Color; Young Queer Women; Gender Non-Conforming; Female To Male Transgender; Bi-sexual Women; Working Women over 50; Married/Once Married Men; Aging Queer Women; Partners of Transgender People; Young Men's Group (20's-30's); Middle-Aged Men's Group; Transgender/Transsexual Support Group; Butch/Stud (Butch Lesbians of Color); LGBTQI People Living with Cancer; Younger Men of Color; Parents of LGBTQI Youth; Long-Time Survivors of HIV, etc. Support groups are lead by Peer Facilitator community volunteers who are trained in Group Facilitation/Conflict Resolution and who have opportunities to participate in additional Skill Building workshops in order to share methods used to address group challenges and to learn new facilitator techniques. This project serves approximately 68-70 TAY, Adults and Older Adults annually.

Activity Update

This project adds capacity to Pacific Center for Human Growth's Peer Support Group program. As such, it supports the agencies Peer Facilitator training, community education training workshops, and Peer Group services. Prior to this PEI project, the agency conducted less than six peer groups to address the vast needs of this community. Last year, fifteen ongoing groups were implemented including the following newly added groups: Partners of Transgender people; Gender Non-Conforming Group; 50+ Working Women's Group; Queer Young Women's Group; and the Young Men of Color Group. Each group met weekly (except for two that meet on a bi-weekly basis) holding a total of 428 sessions, that provided supports for 93 residents. Demographic data collected on those served showed: 30% were people of color, and 51% were women. Twenty-four of the group participants were referred for additional mental health services. Although surveys were administered at the end of group, only 32% were returned. Of those returned, the surveys showed positive group reviews.

Outreach was conducted at Berkeley Senior Centers and the Berkeley Pride Event and project fliers were sent to community based organizations throughout Berkeley and Albany. Twenty-seven community volunteers completed the Peer Facilitator training, and six bi-monthly

facilitator Skill Building workshops were conducted. The following community education/training workshops on LGBTQI related issues were also held: Youth Issues Form; HIV and Men Seeking Men (MSM) Informational meeting; Smoking Cessation Workshop; Presentation on Tax Laws for Same-Sex couples; and a memoir workshop for LGBTQI elders.

TAY Trauma Support Project

Implemented through YEAH this project provides services and supports to 30-35 TAY who are suffering from the impact of trauma and/or other life stressors and are homeless, marginally housed, or housed but in need of supports. The project serves a wide range of youth from various cultural and ethnic backgrounds who share the common goal of living lives less impacted by trauma and more impacted by wellness. Services include: Outreach and engagement; psych-educational support groups; assessments; case management; and referrals as needed.

Activity Update

Last year through this project 130 youth were outreached to and offered opportunities to participate in various group activities including the following: Stress Reduction; Harm Reduction; Youth Cultural Heritage; Housing and Income; Community Meeting; Yoga; Art and Soul; and Movement. Although youth strongly influenced the types of groups that were implemented and street outreach to youth, and outreach at area youth serving agencies was conducted regularly, consistent attendance was lower than anticipated. As YEAH TAY shelter services are available from November through May, it was found that groups were better attended during that timeframe as youth were on-site, reminded of the scheduled group time, and encouraged to participate. Still, a total of 73 group sessions were held over the year serving approximately 34 youth. Demographics on those participating in groups were as follows: 50% African American; 32% Caucasian; 12% Bi-racial; and 6% Hispanic.

The consistent low attendance in support groups prompted project and City staff to examine whether better strategies exist to address the trauma needs of this population. As a result, in addition to continuing to offer support groups, the following services/activities have been added to the project this fiscal year:

- One-on-One Sessions are held with each youth for a period of time (frequency is tailored to each TAY) to assess individual needs around trauma supports and support group readiness;
- Youth Social Outings are held monthly to provide TAY with exposure to healthy settings designed to enhance life skills and choices;
- Youth Celebratory Events are held monthly to acknowledge the various small and large accomplishments of TAY participants, convene youth around a positive occasion, and build trust and community.

Social Inclusion Project

The Social Inclusion project was created to combat stigma, attitudes and discrimination around individuals with mental health issues. Through this project, a "Telling Your Story" group was formed that provides mental health consumers with opportunities to be trained, compensated and empowered to share their stories of healing in a supportive peer environment. When they feel ready, consumers can elect to be community presenters, sharing their inspirational stories at pre-arranged local public venues to dispel myths and educate others.

Activity Update

The "Telling Your Story" group met 12 times within the past year. Three successful panel presentations were conducted last year to BMH Interns, and at the Family Support Group. The ongoing group consisted of 3-10 regular attendees.

Proposed Changes

With PEI funding allocations lower than in previous years, a reduction in overall program funding is proposed through this update. Proposed reductions will not decrease service capacity.

High School Youth Prevention Program

The FY10-11 Update added this project to increase preventative services and supports for High School aged youth (14-18 year olds). Originally envisioned to be provided through community-based settings, this project has recently been merged in with other health related services offered at Berkeley High School and Berkeley Technology Academy (B-Tech) to provide young people with the information and individual support they need to make positive and healthy decisions in their lives. The program consists of a thorough screening process that is used to identify young people who may need more intensive intervention, and to provide referrals that connects students in need with therapeutic treatment and services when necessary. It is anticipated that approximately 2600 Berkeley High School Students and 80 B-Tech students will receive some level of the following services through this program:

- **Outreach Activities:** These events are designed to provide students with basic information and education about the risks of certain behaviors, and to provide information about ways to protect oneself and make positive and safer decisions. Outreach topics may include: the dangers of alcohol and drug use; signs and symptoms of depression; anxiety, and other mental health issues.
- **Classroom Presentations:** These presentations are offered to enable students to receive more in-depth information about a variety of health topics, as well as have a chance to do some personal assessment of risk and current lifestyle choices. In this environment, students are also provided with resources regarding places they can go to further explore the issues being raised and obtain assistance as needed.
- **Individual Appointments:** These appointments, held at the school-based health center, provide young people with the opportunity to hold very in-depth and individualized conversations regarding the choices they are making and the risks that are involved in their choices. They receive guidance about changes they can make to reduce or eliminate their risks, and are given the opportunity to identify barriers that might exist for them that prevent them from making healthier choices. In addition, they complete a 40 question, in-depth HEADSSS (Home, Education, Activities, Drugs/Alcohol, Sexuality, Safety, Suicidality) assessment. Based on the outcome of the Individual Health Education appointment/assessment, a young person may be referred to either a medical or mental health professional for follow up care and intervention/treatment.

Activity Update

As implementation has just recently begun, it is too early to report information on program activities.

Proposed Changes

With PEI funding allocations lower than in previous years, a reduction in overall program funding is proposed through this update. Proposed reductions will not decrease service capacity.

Community-Based Child & Youth Risk Prevention Program

This project was added through the FY10-11 Update to provide prevention and intervention services and supports to children and youth. The primary target population are children and youth from unserved, underserved, and inappropriately served populations who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). The program is primarily community-based with some supports also provided in a few area schools. A range of psycho-educational activities are provided in multiple modalities to provide information and supports for those in need. Services also include assessment, brief treatment, case management, and referral to long term providers as needed. The main goals of the program are to reduce risk factors or other stressors, and promote positive cognitive, social, and emotional well-being.

Activity Update

This program was implemented late last year. During that time most activities were around engaging and outreaching to area schools and community agencies for referrals. Staff also set up regular hours at local Head Start programs and at one area middle school, and provided mental health consultations to parents, counselors and community-based organizations.

Proposed Changes

With PEI funding allocations lower than in previous years, a reduction in overall program funding is proposed through this update. Proposed reductions will not decrease service capacity.

Adult Connections and Community Outreach, Prevention & Access Programs

The FY10-11 Update added two programs designed to provide additional supports, one specifically for young adults who have had criminal involvement, and the other to support individuals across the lifespan. Due to reduced staffing and various re-organizations within the division, these programs have not been implemented yet.

Proposed Changes

With PEI funding allocations lower than in previous years, BMH is proposing to eliminate these programs and instead focus resources on services for homeless populations in Berkeley and Albany.

NEW Homeless Outreach Program

Community program planning for the MHS 12-13 Update identified homeless and marginally housed individuals as those that have high priority needs for additional Mental Health services and supports. Various populations were identified that have specific mental health and healthcare acquisition needs of which the current system of care is either minimally serving or not addressing at all, including: women; elderly; and TAY, adults and older adults living on the streets or in area homeless encampments. To that end, this Annual Update is proposing to add

a new program that will increase access to available resources for homeless individuals in Berkeley and Albany.

Through this new program, those in need will be outreached to and provided supported referrals to area programs and services that are already in operation. Program services will include outreach, education, crisis intervention, short-term counseling, and referrals.

It is envisioned that this program will outreach to approximately 480 individuals, serving approximately 240 over the course of the year.

INNOVATIONS (INN)

MHSA INN funds are for short-term projects that contribute to new learning in the mental health field. This MHSA component provides the opportunity to pilot test new creative strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services
- Increase access to mental health services for underserved groups
- Increase the quality of mental health services, including better outcomes
- Promote interagency collaboration

Projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

CITY OF BERKELEY INN PROGRAMS

Following a four month Community Planning Process the City of Berkeley's initial INN Plan was approved in February 2012. Per the approved INN Plan the following services have been implemented through this funding component: A Community Empowerment Project for African Americans; Services and supports for Ex-offenders re-entering the community, Veterans returning home from being deployed or at war, and their families; Cultural Wellness strategies for Asian Pacific Islanders; a Holistic Health care project for TAY; Technology Support Groups for senior citizens; Nutrition, Healthy Meal Preparation, and Exercise classes for Board and Care residents; Mental Health services and supports for LGBTQI located in community agencies. Each project is implemented through community partners. Proposed programming for the use of MHSA INN FY10-11 funds are outlined in this update.

Proposed Changes

Due to a decrease in INN funds, projects previously approved through the original INN Plan are proposed to continue at a slightly reduced rate.

Descriptions, and program activities thus far are detailed below for each project:

African American Community Empowerment Academy

Implemented through McGee Avenue Baptist Church which is located in the community of the target population, this project provides psycho-educational activities and supports for African

American youth, Adults, and Older Adults living in South Berkeley. Appropriately named the "Umoja" (the Swahili word for Unity) Project as services focus on empowering participants around social, cultural and spiritual aspects of the African American heritage and enable the exploration of key cultural issues such as "Post Traumatic Slavery Syndrome". The project utilizes an Afro-centric model that is implemented in a safe, non-threatening environment. The purpose of the project is to assess whether Cultural Heritage training and Leadership Skill building activities will: improve the mental health of African American consumers; increase access for those who are in need but not currently receiving services; and build community advocates.

Activity Update

The following services and activities are provided through this project:

- **Support Groups for Youth, Women, and Men:** Support groups are separately provided twice a month for youth (11-17 years old); women (18-55 years old) and men (18-55 years old). Groups provide a safe listening forum for those experiencing stress as well as a medium to provide additional strategies and resources to empower at-risk families and individuals. Each group meets twice a month for an hour and a half. Twenty-five youth, women, and men are targeted a year for these services. During the first six months of this fiscal year, the range of regular participants for each bi-monthly support group was as follows: 4-7 youth; 6-10 women; and 7-10 men.
- **Fatherhood Group/Men's Support Groups:** These supportive services are for 18-55 year old African American men. The Fatherhood Group is designed to connect participants with experienced mentors who can share strategies for empowerment and successful fatherhood. Services are designed to support fathers and to increase their knowledge around the importance of their role as parents in the context of the African American community. Additional support groups are provided for African American men. Groups meet twice a month for an hour and a half and include rotating facilitators to give participants opportunities to assume leadership within the group. Also included is a monthly workshop series to build and affirm the self-esteem of African American men and confront some of the mental and social perils which impede their progress as fully engaged individuals within our community. The project targets 50 fathers a year. During the first six months of this fiscal year, a range of 7-10 fathers regularly participated in this Support Group.

Additional services include: open forum groups for indigent adults in the community to identify issues of substance abuse, homelessness, violence, etc., that impacts African Americans living in poverty; community workshops focusing on African American Child Rearing/Family Management, Family and Community Violence, Health and Substance Abuse, Stress and Anger Management, and Economic Management; Youth Advocacy workshops where trained youth leaders support young people in leadership development and in coping with various aspects of physical and mental health issues including peer pressure, stress management, teen and family violence, substance abuse, self-esteem, sexual identity and body image, and general health and nutrition; and trainings for a cadre of Service Providers to increase understanding and supports around the specific and unique needs facing at-risk African American families in South Berkeley. Many of these services

are currently in the early implementation phase. One Service Provider training has been conducted thus far, serving 25 participants.

Re-entry Systems Synergy

Implemented through Options Recovery Services this project provides re-entry services for Ex-offenders and Veterans who are struggling with mental health and/or substance abuse disorders providing supports for individuals and their families. The goal of this project is to understand whether participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, increases knowledge and awareness, promotes successful re-entry into the community, and increases positive mental health outcomes for Ex-Offenders, Veterans and their families.

Activity Update

This project provides services to TAY, Adult, and Older Adult Ex-Offenders, Veterans and their families. A specific emphasis is placed on engaging Ex-Offenders who are coming into the community as a result of AB109, Public Safety Realignment (which shifted the responsibility and funding for non-serious, non-violent, non-sex offenders from the state to the local level), veterans who are returning to the community from being on deployment or at war; and family members of each targeted population. Services include specialized separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families as follows:

- **Ex-Offender Weekly Support Group:** These groups are incorporated into the structure of already existing Re-entry Groups for Ex-Offenders, and are conducted on a weekly basis. The Re-entry group addresses criminal and addictive thinking and covers the following: Cognitive Behavioral Therapy; socialization; money management; anger management; and drug and alcohol education. Groups are offered once a week for up to 46 weeks for 90 minutes per session serving 8-12 Ex-Offender participants. During the first six months of this fiscal year, 31 Ex-Offenders were served through Weekly Support Groups.
- **Veteran Weekly Support Group:** The Veterans Group addresses Veteran's needs to recover safety in their lives and to heal from combat-related trauma and Post Traumatic Stress Syndrome (PTSD) and substance abuse. The Veterans group offers support especially geared to treating Veterans who have combat stress reactions and who are dealing with the aftermath of combat experiences and/or are having issues around re-integrating back into the community and covers the following: Combat Stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups are offered once a week for up to 46 weeks for 90 minutes per session serving 8-12 Veteran participants. During the first six months of this fiscal year, 28 Veterans were served through weekly support groups.
- **Family Support Groups:** Support groups for family members of Ex-Offenders and Veterans meets every two weeks for approximately 46 weeks for 90 minutes each session. Two to eight families (with approximately 8-16 participants) are served through each group. These groups have a psycho-educational format providing a safe place where family members receive information around relevant aspects to their family situation, and based on the group members needs, are able to spend the session processing issues as they arise. During the first six months of this fiscal year 7 family members of Ex-Offenders and 7 family members of Veterans participated in support groups.

Demographics on those served include the following:

DEMOGRAPHICS			
Ex-Offender Support Groups N=31			
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
African American	42%	25-35	6%
Caucasian	32%	36-45	10%
Latino	16%	46-55	6%
Asian Pacific Islander	7%	56-65	13%
Mexican/American	3%	66-75	10%
		Unknown/Not Reported	55%
Veteran Support Groups N=28			
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
African American	36%	25-35	4%
Caucasian	46%	46-55	4%
Latino	11%	56-65	11%
Mexican/American	3%	66-75	7%
American Indian	4%	76-85	3%
		Unknown/Not Reported	71%
Family Support Groups N=14			
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
African American	50%	25-35	36%
Caucasian	43%	36-45	7%
Latino	7%	46-55	7%
		56-65	14%
		66-75	7%
		86-95	7%
		Unknown/Not Reported	22%

Wellness Strategy for Asian Pacific Islanders

Implemented through Community Health for Asian Americans (CHAA) this project provides culturally appropriate mental health services and supports to unserved and underserved API communities. The goals of the project are to understand the main challenges and barriers to accessing and utilizing mental health services for Asian Pacific Islanders living in the Berkeley/Albany area. This project seeks to understand this issue through testing whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, and improve the quality and density of social support, can result in a reduction of acculturative stress; promote healthy integration and wellness; and increase the access to, or the outcomes of, mental health services for underserved and un-served API's in Berkeley and Albany.

Activity Update

This project provides information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The project aims to reach women (ages 16 and above) with particular attention to new immigrants, single mothers, victims of family and community violence, and elders. This project is appropriately named the "Sisterhood for Wellness Project" as CHAA partners with "Acha, Tibetan Sisterhood" (Acha is a volunteer driven women's group designed to create a safe, supportive, and inclusive space for immigrant and refugee women to empower each other) to implement the following overarching project strategies:

- **Capacity Development:** Services have focused intentionally on Tibetan women in the Berkeley/Albany area as a pilot effort to develop a core group of women leaders and volunteers within one API community to be a possible model of engagement to replicate with women in other API communities. The project focuses on building the capacity of this core team through Leadership Development training, and workshops designed to promote women's self-empowerment; increase API women's mental health and wellness in Berkeley and Albany; and develop a women-led culturally sensitive pilot model for decreasing API women's vulnerability to mental health disorders. At least 5-10 women form the core group, which meets at a minimum twice per month. Core group participants assist in forming the structure of the program by co-designing interventions and cultural wellness strategies and have opportunities to fulfill their individual and collective sense of contribution toward the overall well-being of their respective communities, particularly for women and girls empowerment, by serving as "change agents" and leaders of wellness activities.
- **Outreach, Trainings and Workshops:** Workshops are provided throughout the year on important topics related to women, health, and well-being in an effort to raise awareness and increase knowledge and supports for women in API immigrant; refugee and asylee communities. Approximately 40 women will attend at least one workshop a year. Outreach and engagement activities are also conducted in the targeted community and at three local annual events.
- **Cultural Wellness Activities:** Wellness workshops are conducted weekly for women of all ages, engaging approximately 100 women in the community through various organized cultural awareness activities. The purpose of the activities/workshops are to increase social supports; reduce cultural, social and linguistic isolation; reduce symptoms of depression, anxiety and trauma; and increase participants self-confidence, sense of integration, and sense of independence. Participants are introduced to new wellness techniques and concepts (such as: stress management and recognizing symptoms of contributing stressors to mental health) while honoring cultural modalities for mental health and wellness (such as: spirituality, traditional healing methods, dietary practices, etc.).

During the first half of this fiscal year approximately 91 individuals were reached through Core Group, Workshops, or Cultural Wellness activities. Demographics on those served include the following:

PARTICIPANT DEMOGRAPHICS N=94	
Race/Ethnicity	
<i>Participant Ethnicity</i>	<i>Number Served</i>
Tibetan	64%
Nepali	14%
Mongolian	3%
Vietnamese	3%
Filipino	4%
Burmese	2%
Tongan	1%
Bangladesh	1%
Hmong	2%
Japanese	1%
"Asian"	1%
Korean	1%
Other	3%
Age at Admission	
<i>Participant Age In Years</i>	<i>Number Served</i>
Under 18	5%
18-24	10%
25-59	82%
60+	3%

Trauma Informed Holistic Health Care Delivery Model for Transition Age Youth

Implemented through the Niroga Institute this project provides holistic health services for TAY. The goals of the project are: to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally-based services, has on the healing of traumatic issues.

Activity Update

This project provides holistic healing services for 40-80 TAY in Berkeley and partners with YEAH for mental health services and supports. The partnering of these two organizations brings together the eastern practices of yoga and mindfulness that create stress management and emotional regulation in combination with the western modality of mental health treatment through narrative therapy, to pilot test this TAY holistic approach. Services are as follows:

- **Community Engagement:** "Community Mind-Body (COMBO)" meetings for TAY are held at local youth serving organizations such as: Berkeley Youth Alternatives, BOSS, United for Health-Suitcase Clinic, Youth Spirit Artworks, Teen Center, Berkeley Food and Housing Project, Harmon Gardens, Fred Finch Youth Center, etc. Additional COMBO meetings are conducted at area community groups working with the TAY population (including City Slicker Farms, Downtown Berkeley YMCA, and the Berkeley Downtown Business Association, among others). The purpose of the meetings are to conduct mini-trainings on trauma informed "Transformative Life Skills" (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation). During the first half of this fiscal year, 13 COMBO

meetings were conducted at various TAY serving agencies and other locations in Berkeley, providing TLS for approximately 91 youth.

- **BREATHE Campaign:** Several TAY have participated in the development and creation of the “BREATHE Campaign”. The BREATHE Campaign is a TLS-based Photovoice project, combining photography, grassroots social action, and participatory visual methods of digital storytelling to empower TAY to create a series of posters displaying captivating images of “peace amidst chaos”. The BREATHE Campaign is designed to compel viewers to slow down, take a deep breath, and shift from the sympathetic (fight/flight) modality to the parasympathetic (centered/grounded) state, thereby aiding in emotional regulation and the development of self-mastery. BREATHE posters have been created and distributed to TAY-serving organizations, and in other locations throughout the City, especially in areas where TAY congregate. During the first half of this fiscal year, 10 youth participated in the first cohort of the BREATHE Campaign. As reported by project staff the campaign created a safe environment enabling youth to talk candidly about their histories of stress and trauma, where participants commented that they learned practical skills to deal with stress. An event hosting an Art Show to display the photographic images youth created for the campaign was very empowering to the participants, eight of whom indicated a desire to continue their involvement with the program.
- **Community-Wide TLS:** Two short video protocols, one focused on stress management (“Manage Your Stress – Anytime, Anywhere”), and the other focused on healing from trauma (“Healing Yoga for Trauma”) will be developed and available on the internet via YouTube, and also as freely downloadable mobile applications. TAY will be able to follow along with these short personal practice protocols, and TAY-serving organizations can play these protocols onsite at specific times of the day for collective practice. During the first half of this fiscal year, the two short videos of TLS protocols for stress management and for healing from trauma have been produced and are available on YouTube at http://www.niroga.org/media/video-healing_yoga and at the following: <http://youtu.be/QAa6H3QHPL8> (for Trauma) and <http://youtu.be/ANDMZb86C10> (for Stress).
- **TLS Community Capacity Building:** To build community capacity of TLS, an all day training will be developed and conducted for TAY leaders nominated by TAY-serving organizations, who will be prepared to serve as TLS Peer Educators and act as role models of self-mastery in their communities. TLS Peer Educators will eventually play a leadership role in driving ongoing COMBO meetings and orchestrating and sustaining the BREATHE campaign. This part of the project has not been implemented yet.
- **Mental Health Supports:** Youth served at YEAH will have simultaneous access to mental health supports and TLS sessions. During the first six months of this fiscal year although mental health supports were ongoing, TLS Sessions have just recently been implemented with this group of TAY. Time has been spent engaging and building trust with potential TAY participants. Currently, onsite TLS sessions are offered at YEAH twice a week. TAY participants also receive a free pass to go to the Niroga Institute (which is a block away) to attend classes 7 days a week. By the end of December 2012, 6 youth had started attending TLS sessions provided at YEAH.

Across all project services, 107 TAY were served during the first six months of the fiscal year. Demographics on those served are as follows:

PARTICIPANT DEMOGRAPHICS N=107	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Number Served</i>
African American	25%
Caucasian	21%
Latino	7%
Asian Pacific Islander	21%
Bi-Racial	6%
Mexican/American	3%
Native American	1%
Unknown/Not Reported	16%
Age at Admission	
<i>Participant Age In Years</i>	<i>Number Served</i>
16-17	11%
18-19	21%
20-21	34%
22-23	8%
24-25	8%
Unknown/Not Reported	18%

Senior 2 Senior Project

Implemented through Albany Senior Center, this project provides Technology Support Groups for Senior Citizens in an effort to decrease isolation, increase social connections, and identify those in need of mental health services. The goals of the project are to understand whether issues of loneliness and isolation can be decreased, and mental health positive outcomes can be increased in the Senior Citizen population through training and access to social media technologies and associated peer supports.

Activity Update

This project provides services to up to 30 Senior Citizen adults (aged 50 and over) a year. Weekly Support Groups are implemented that provide access to, education on, and supports around new phone and computer technologies for Albany/Berkeley Senior Citizens. Services are structured as a 12 week series of weekly two hour Support Groups where 10 Senior Citizens are served at a time. Support Groups are held in a relaxed setting, promoting sharing, learning and mutual respect among group members. Group structure allows for each participant to receive individualized attention, supports, and referrals as needed. During the first half of this fiscal year, 10 Caucasian women ranging in age from 58-91 attended the support group series, 8 of whom graduated from the program and received full ownership of their iPads for following through on their commitment. Per project staff report:

- A typical response received from participant's was "My granddaughter writes me emails now", and about other family pictures being sent and received.
- An extremely shy member of the group, is now taking her iPad to a local café, which was a personal goal for her.
- Another participant reported having a neighbor offer to share her WiFi service with her and then introduced her to the "Words with Friends" app.
- After suffering health problems, one participant will be moving to an assisted living community and plans to keep in touch with a friend in class through email and possibly through an online game.

- At least five of the participants reported very low social or family interaction in their everyday lives at the beginning of the group. Through their participation in the support group, these individuals shared experiences and stories and worked in small groups weekly all with new acquaintances. Many exchanged phone numbers and email addresses and several started eating together and sharing rides home.

It was noted that although participants did not specifically report on feeling less isolated as a result of participating in the support group, their participation increased their connections to others and also helped them to become knowledgeable about how to access activities of interest and area resources.

Board & Care Nutrition Project

Implemented through Berkeley Food & Housing Project (BFHP), this project implements a nutrition and exercise support services project for Board and Care residents in an effort to improve and/or prevent serious medical conditions and increase positive health outcomes for mentally ill Adults and Older Adults. The goals of the project are to: create a change in participants knowledge as it relates to healthy foods and nutrition information; increase participants skills around acquiring and preparing healthy meals; have a positive change on participants Physical Health, as demonstrated through vital health signs; and to increase self-care, as demonstrated by changes in participants health habits.

Activity Update

This project provides services to 25-45 residents with mental health disabilities who reside in "Russell Street Residence", or the "Transitional House" at the North County Women's Center in South Berkeley. A collaboration with Samuel Merritt University (SMU) supports all of the program services described below with 4-5 students interning at each of the two sites during the program year. Services include the following:

- **Nutrition Education and Cooking Instruction Class Component:** A collaboration between BFHP and "Three Squares", a local "Culinary Partner", enables the provision of Nutrition Education and Cooking Instruction classes on-site to interested participants in the target population. At each site, nutrition classes are provided for a minimum of 8-12 weeks and Cooking Instruction classes are conducted in 30 minute sessions each over a six month period. This project is conducted weekly at each site, for approximately 6 to 8 weeks by Three Squares, with each class conducted for approximately two hours. After the class module ends, SMU nursing students provide ongoing nutrition education and help residents at each site cook a meal weekly for the duration of the project.
- **Walking and Exercise Program Component:** SMU nursing students who are interested in serving as "Health Mentors" for the project lead walking groups, run exercise and activity groups, develop individualized nutrition and walking goals, and provide mentoring and reinforcement to program participants. The Walking and Exercise project component is conducted in 30 minute sessions each, over a six month period, and is conducted weekly at each site. Residents at both sites are encouraged to participate in this component of the project.

Additional services includes a partnership with Lifelong Medical Center to provide Physical Exams on each participant monitoring vital health signs at designated key points in the

project including prior to participant involvement in each project component and at the end of services. All services, including culinary, diet and nutrition instruction take place onsite to ensure accessibility and cultural competence, by building on the existing relationship and comfort residents have with their respective housing sites.

During the first half of this fiscal year, 22 residents participated in some aspect of the project, 8 of whom graduated from the "Three Squares" cooking class. By project staff report, walking groups were difficult as residents walked at different paces. Therefore each nursing student paired up with 1-2 residents and led walks in smaller groups. To encourage physical activity a Tally Board was used where exercise was tallied as points that were used to reward those who exercise regularly. Three residents have been self-motivated to exercise regularly by either riding a bike or taking a walk. Through participating in the project it was reported that one resident who had previously gained 40 pounds over a period of 6 months, lost a total of 30 pounds.

At the Russell Street Residence, as a result of the project, there has been an increase of healthier menu options, and plans are being made to incorporate more fruits and vegetables into meals. Yoga has also been implemented and plans are being made to incorporate on-site Tai Chi classes. A Chi Gung group will also be implemented at the North County Women's Shelter. During the first six months of this fiscal year, 22 clients ranging in age from 28-74 were served through this project. Demographics on those served are as follows: 64% African Americans; and 36% Caucasians.

Improve the Access and Quality of Mental Health Services for LGBTQI Individuals

Implemented through Pacific Center for Human Growth, this project provides no-cost mental health services and supports to LGBTQI-identified residents at collaborating off-site agencies where other public social services are being provided. The main goals of the project are to better understand the needs of those who are marginalized from multiple perspectives; and to gauge whether LGBTQI individuals will be more accepting of mental health services and have better mental health outcomes when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services). An additional goal is to determine if providing competency training on LGBTQI mental health issues for agencies that do not specifically provide such services, improves outcomes for their LGBTQI clients.

Activity Update

This project provides mental health services and supports to 20-30 LGBTQI Transition Age Youth (TAY), Adults and Older Adults at two to three collaborating partner sites in the Berkeley/Albany area.

- **Mental Health Services:** Interns are trained and supervised to provide no-cost mental health services and supports to LGBTQI-identified individuals at area collaborating partner sites. During the first six months of this fiscal year, two interns were trained and collaborations were formed with the following partner sites: North Berkeley Senior Center; Jewish Family & Children's Services; Berkeley Adult School; and the Center for Independent Living. Services at collaborating sites began to be provided in October 2012. A total of 14 individuals ranging in age from 23-80 received mental health services and supports.

Demographics on those served are as follows: 29% Caucasians; 7% African American; 14% Latinos; 14% Mexicans; 14% Asian Pacific Islanders; 7% French Canadian; and 15% Multi-Racial individuals.

- **Cultural Competency Staff Training:** Trainings on LGBTQI issues are provided at each collaborating partner site. Trainings are conducted by Pacific Center's Director of Clinical Training, and may include other training staff. During the first six months of this fiscal year, training materials were adapted to provide modules that can be used in a variety of settings. A staff training was completed at the Berkeley Adult School for 59 attendees. Within the next month, an additional training will be held at the Center for Independent Living.

Staff report that it has been surprising to find that agencies working with youth seem reluctant to make referrals possibly for fear that "labeling" clients needing mental health assistance in some way would be detrimental to their relationship with the individuals (as youth seem to need an introduction by a trusted source before they will investigate possible new service providers). While the collaborating agencies expressed a great interest in having their clients receive services from this project, they have been unable to devise an internal process for youth referrals that is acceptable to all within the agency. This has presented a challenge for identifying potential youth clients in need of mental health services. The greatest success thus far has been with the LGBTQI elderly population. Having a clinician on-site on a regular basis seems to be the best outreach for this population.

WORKFORCE, EDUCATION & TRAINING (WET)

MHSA WET funds are intended to be utilized on programs that: identify and remedy mental health occupational shortages; establish stipends for persons enrolled in academic institutions who want to be employed in the mental health system; promote the employment of mental health consumers and family members; promote the inclusion of cultural competency in training and educational programs; implement strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs; promote the meaningful inclusion of mental health consumers and family members and incorporate their viewpoint and experiences in training and educational programs; implement trainings and/or curriculums to train and retrain staff; establish regional partnerships among the mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies, and distance learning techniques.

CITY OF BERKELEY WET PROGRAMS

The City of Berkeley WET Plan was approved in July 2010 by DMH for a total amount of \$656,860 to be utilized on local programs through FY2017-2018. Some of the programs in the approved WET Plan are as follows: Career Pathways Adjunct Supports for college students; Stipend program for Graduate level Interns; Staff Development and Training; Peer Leader Stipend Program; and Peer Leadership Coordination. Also included in the approved plan is a part-time Training Coordinator position to oversee all WET programs, and an Educational

Advancement Program for staff who want to obtain additional training/education in the mental health field.

Since the approval of the WET Plan, BMH has undergone several re-organizations and has had many staff changes within key positions, all of which have had a significant impact on the implementation of WET Programs. While various trainings have been conducted, most WET programs are still currently in the very early stages of planning and/or implementation.

Oversight of each WET program has recently been distributed across various staff, eliminating the need to fund a part-time Training Coordinator position. Additionally, through this Annual Update, the City is proposing to eliminate the Staff Educational Advancement Program, which has not yet been implemented. Previous approved funding amounts for each will be re-allocated across the remaining WET programs to be utilized on services through FY2017-2018. Descriptions, activities (where appropriate) and any additional programmatic changes are described by program per each section below.

TRAINING AND TECHNICAL ASSISTANCE

Peer Leadership Coordination

A Peer Leader Coordinator will provide and coordinate training for consumers, and family members, including those from culturally and linguistically diverse communities to increase the necessary skills that will enable participants to: Secure consumer and family member positions in the mental health system as they open up; and participate on BMH committees and Boards. In this capacity, the Peer Leader Coordinator will: Develop peer and family training opportunities through the BMH WET Peer Leader Stipend program; provide oversight of these training opportunities and mentoring of the trainees; develop a system to distribute stipends for Peer Leaders; act as a liaison with local community based programs; work in collaboration with other BMH staff including the Employment Specialist; assist in the development of learning collaborations with local community colleges, adult schools and peer agencies; and provide wellness and recovery-based organizing in diverse Berkeley and Albany communities in order to identify prospective mental health workers and engage them in workforce pipeline strategies.

Proposed Changes

In the approved WET Plan, a consultant was to provide Peer Leadership Coordination. Through this update, it is proposed to utilize funds already allocated to this program in combination with a portion of funds from another program in the original WET Plan (which was never implemented and is proposed to be discontinued through this update), to provide additional resources that will support the re-deployment of current peer staff to serve in this role.

STAFF DEVELOPMENT AND MHSA TRAINING

This WET component implements training for BMH staff and those from affiliated community agencies in an effort to transform the system of care. A Training Committee which meets monthly sets priorities for the Division through a two year plan. Training topics include, but are

not limited to MHSA related core concepts, including: wellness and recovery; resiliency; cultural competency; community collaboration; and innovative and best practices etc.

Activity Update

Since the last update, the following trainings have been implemented for staff and community partners through this component:

- The California Brief Multicultural Competency Scale (CBMCS) Training: Based on rigorous research methods, CBMCS is a powerful diversity-training designed to take mental health practitioners from cultural sensitivity to cultural competence. (*This training was coordinated by the DMC).
- Motivational Interviewing Training: This training is designed to teach clinicians how to activate and utilize client's own motivation for change and adherence to treatment.

Proposed Changes

Proposed changes will be to utilize a portion of re-distributed funds from services and programs in the original WET Plan (that were never implemented and are proposed to be discontinued through this update), to increase the available resources for training opportunities.

MENTAL HEALTH CAREER PATHWAYS PROGRAMS

In the original WET Plan, funds in this program component were to be utilized on providing adjunct supports for students attending local community colleges and Adult Schools to help reduce barriers around pursuing human services degrees and/or careers in the mental health field. As such resources were to be provided for supports around transportation, food, books and other related expenses.

Proposed Changes

As this program has not yet been implemented, a change in program scope is proposed through this update. Current priorities are to focus resources on area High Schools to implement a curriculum and mentoring program for youth designed to provide opportunities that support student's interest in pursuing a career in the mental health field. A portion of re-distributed funds from services and programs in the original WET Plan (that were never implemented and are proposed to be discontinued through this update), will be utilized to provide additional resources for this program.

FINANCIAL INCENTIVE PROGRAMS

Graduate Level Training Stipend Program

Per the original WET Plan, this program will offer stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. Through this stipend program, guidelines will be developed and a system will be implemented to recruit and provide incentives to those meeting criteria, thereby allowing BMH to attract a more culturally and linguistically diverse pool of graduate level trainees and interns.

Program Changes

A portion of the re-distributed funds from services and programs in the original WET Plan (that were never implemented and are proposed to be discontinued through this update), will be utilized to provide additional resources for this program.

Peer Leader Stipend Program

Per the original WET Plan, this program, under the direction of the Peer Leader Coordinator, will provide opportunities for peer leaders to take active roles on Division committees, and/or serve in direct service positions in the clinics. As part of participating in various leadership or peer counselor positions, consumers and family members will be offered stipends. These opportunities will help prepare consumers and their family members for roles within the public mental health system.

Program Changes

A portion of the re-distributed funds from services and programs in the original WET Plan (that were never implemented and are proposed to be discontinued through this update) will be utilized to provide additional resources for this program.

Educational Advancement Program

Per the original WET Plan, through the administration of scholarships and book grants this program was designed to support BMH staff in continuing their educational careers in the mental health field.

Program Changes

The elimination of this program is proposed through this update. Previously allocated funds will be re-distributed across remaining WET programs.

CSS BUDGET SUMMARY

County: City of Berkeley

Date: 31-Jan-13

CSS Programs			MHSA Funds by Service Category						
No.	Name	MHSA FY11/12 Funding	Full Service Partnerships (FSP)	Multi-Cultural Outreach and Engagement	System Development				
Previously Approved Programs									
1.	COB1	Intensive Support Services - Children's Wraparound FSP							
2.	COB2	TAY-Adult & Older Adult FSP	\$1,696,267	\$1,696,267					
3.	COB3	Multi-Cultural Outreach & Engagement	\$324,833		\$324,833				
4.	COB4	System Development, Wellness & Recovery Support Services	\$399,780			\$399,780			
5.	COB5								
6.	Subtotal: Programs^{a/}		\$2,420,880	\$1,696,267	\$324,833	\$399,780			
7.	Plus up to 15% County Administration		\$265,886						
9.	Subtotal: Programs/County Admin./Operating Reserve		\$2,686,766						
New Programs									
1.									
2.									
3.									
4.									
5.									
6.	Subtotal: Programs^{a/}								
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested for CS		\$2,686,766						

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)).

CSS BUDGET SUMMARY

County: City of Berkeley

Date: 1/31/2013

CSS Programs			MHSA Funds by Service Category						
No.	Name	MHSA FY12/13 Funding	Full Service Partnerships (FSP)	Multi-Cultural Outreach and Engagement	System Development				
Previously/Approved Programs									
1.	COB1	Intensive Support Services - Children's Wraparound FSP	\$150,000	\$150,000					
2.	COB2	TAY-Adult & Older Adult FSP	\$1,429,711	\$1,429,711					
3.	COB3	Multi-Cultural Outreach & Engagement	\$354,024		\$354,024				
4.	COB4	System Development, Wellness & Recovery Support Services	\$418,442			\$418,442			
5.	COB5								
6.	Subtotal: Programs ^{a/}		\$2,352,177	\$1,579,711	\$354,024	\$418,442			
7.	Plus up to 15% County Administration		\$376,961						
9.	Subtotal: Programs/County Admin./Operating Reserve		\$2,729,138						
New Programs									
1.									
2.									
3.									
4.									
5.									
6.	Subtotal: Programs ^{a/}								
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0						
10.	Total MHSA Funds for CSS		\$2,729,138						

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)).

PEI BUDGET SUMMARY

County: City of Berkeley

Date: 31-Jan-13

PEI Programs			MHSA Funds by Service Category						
No.	Name	MHSA FY11/12 Funding	Prevention	Early Intervention					
Previously Approved Programs									
1.	COB1 Be A Star	\$104,279		\$104,279					
2.	COB2 BEST	\$35,000		\$35,000					
3.	COB3 Community Educations & Supports	\$195,120		\$195,120					
4.	COB4 Social Inclusion	\$10,000	\$10,000						
5.	COB5 Community Based Children & Youth	\$91,044		\$89,447					
6.	COB6 High School Youth Prevention Program	\$166,025		\$166,025					
7.	COB7 Homeless Outreach Program								
8.	Subtotal: Programs	\$601,468	\$10,000	\$589,871					
9.	Plus up to 15% County Administration	\$93,332							
11.	Reserve								
New Programs									
1.									
2.									
3.									
4.									
5.									
6.	Subtotal: Programs ^{a/}								
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0							
10.	Total MHSA Funds Proposed	\$694,800							

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FY 2012/13

EXHIBIT 2

PEI BUDGET SUMMARY

County: City of Berkeley

Date: 31-Jan-13

PEI Programs			MHSA Funds by Service Category					
No.	Name	MHSA FY11/12 Funding	Prevention	Early Intervention				
Previously/Approved Programs								
1.	COB1 Be A Star	\$104,279		\$104,279				
2.	COB2 BEST	\$35,000		\$35,000				
3.	COB3 Community Educations & Supports	\$195,120		\$195,120				
4.	COB4 Social Inclusion	\$10,000	\$10,000					
5.	COB5 Community Based Children & Youth	\$91,044		\$89,447				
6.	COB6 High School Youth Prevention Program	\$166,025		\$166,025				
7.	COB7 Homeless Outreach Program	\$100,000		\$100,000				
8.	Subtotal: Programs	\$701,468	\$10,000	\$689,871				
9.	Plus up to 15% County Administration	\$105,220						
11.	Admin./Operating Reserve							
New Programs								
1.								
2.								
3.								
4.								
5.								
6.	Subtotal: Programs ^a							
7.	Plus up to 15% County Administration							
8.	Plus up to 10% Operating Reserve							
9.	Reserve	\$0						
10.	Total MHSA Funds	\$806,688						

FY 2012

EXHIBIT 3

INNOVATION BUDGET SUMMARY

County: City of Berkeley

Date: 30-Jan-13

Innovation Programs		MHSA Funds Fiscal Years 10-11	Estimated MHSA Funds by Service Category					
No.	Name							
Previously Approved Programs		Proposed Budget:						
1.	Program	\$308,000						
2.								
3.								
4.								
5.	Subtotal: Programs ^{a/}	\$308,000	\$0	\$0	\$0	\$0		
6.	Plus up to 15% County Administration	\$55,000						
7.	Plus up to 10% Operating Reserve							
8.	Reserve	\$363,000						
New Programs								
1.								
2.								
3.								
4.								
5.								
6.	Subtotal: Programs ^{a/}							
7.	Plus up to 15% County Administration							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0						
10.	Total MHSA Funds	\$363,000						

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FY 2013-18

EXHIBIT 3

W.E.T BUDGET SUMMARY

County: City of Berkeley

Date: 30-Jan-13

WET Programs		MHSA Funds Fiscal Years 13-18	Estimated MHSA Funds by Service Category						
No.	Name								
Previously Approved Programs		Proposed Budget	Workforce Staffing Support	Training and Technical Assistance	Career Pathway Programs	Financial Incentive Programs			
1. COB1	Peer Leader Stipend Program	\$256,099	\$193,599			\$62,500			
2. COB2	High School Career Pathways Program	\$42,000			\$42,000				
3. COB3	Graduate Level Training Stipend Program	\$125,000				\$125,000			
4. COB4	Staff Development and MHSA Training	\$180,847		\$180,847					
5.	Subtotal: Programs ^{a)}	\$603,946	\$193,599	\$180,847	\$42,000	\$187,500			
6.	Plus up to 15% County Administration								
7.	Plus up to 10% Operating Reserve								
8.	Admin./Operating Reserve	\$603,946							
New Programs									
1.									
2.									
3.									
4.									
5.									
6.	Subtotal: Programs ^{a)}								
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0							
10.	Total MHSA Funds	\$603,946							

This budget summary covers spending plan for six years FY 13-18

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